113000089849

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2013 SEP 23 MH N: 18

COVER LETTER

TO: Registration Section
Division of Corporations

BIECT. 8913 REDTAIL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terence L. Danzie

Name of Person

8913 REDTAIL, LLC

Firm/Company

4160 N. Canal St., P.O. Box 12124

Address

Jacksonville, FI 32209-9998

City/State and Zip Code

Trencetvisa@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terence L. Danzie

,,,904**、307-340**0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8913 REDTAIL, LLC				
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appear liability Company)	s on our records.)	···
The Articles of Organization for this Limited Li Florida document number <u>L13000089849</u>	ability Company	were filed on 19t	th June 2013	and assigned
This amendment is submitted to amend the folk	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	e:	
				⊼. 2a
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compa	ny," the designation '	LLG or the abbreviation
Enter new principal offices address, if applic	able:	4160 N. Cai	nal St., P.O. B	ox 12124%
(Principal office address MUST BE A STREE	T ADDRESS)	Jacksonville	e, Fl. 32209-99	98
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>			nal St., P.O. Be e, Fl. 32209-99	
B. If amending the registered agent and/ registered agent and/or the new registered of	•		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	<u></u>			
New Registered Office Address:	4160 N. Canal St., P.O. Box 12124			
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address			
	Jacksonville		, Florida S	32209-9998
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	AGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action		
			Add		
			Remove		
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			2013 SEP 203 Add T		
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If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
•	
Dated 19th APRIL	2013
	7 Danie
Signature of	a member or authorized representative of a member
Terence L. Danzie	
· · · · · · · · · · · · · · · · ·	Typed or printed name of signee

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Filing Fee: \$25.00

2013 SEP 23 MM II: 下年